

The Episcopal Day School of Evergreen
ACADEMIC SCHOOL YEAR
Returning Children Only

Parent Checklist

PLEASE FILL OUT FORMS IN BLACK OR DARK BLUE INK

1. _____ Policies and Procedures - Parent Manual. Read and Understood
2. _____ Emergency Health Care Authorization with Hospital of Choice
3. _____ General Appraisal Form filled in & signed by Health Care Provider
(Top portion of the form filled in and signed by parent/guardian)
4. _____ Immunization Record - (Parent/guardian cannot fill out this form. Have record faxed to 1-303-379-1509 or bring in a copy from Health Care Provider's Office signed, dated, and with office stamp.)
5. _____ Health and Development Update Form
6. _____ Pick Up Authorization Form
7. _____ Permission to Participate Form for School Year and Summer Program
8. _____ Facebook Release Form
9. _____ Permission to be included in the Directory Form
10. _____ Emergency Treatment Form (if applicable) for any/all of the following:
Allergy, Asthma, Seizures, Other (Please request form if needed.)
11. _____ Authorization for Medication Administration in the School Setting (if applicable)
This form is for any prescribed or over the counter medication for a specific reason to be given while your child is at school. (Please request form if needed.)
12. _____ Extended Care Contract (Please request availability and form if not done at registration.)
13. _____ Supplies (from Supply List) Supplies due at Open House or 1st day of attendance.

If you need to request a form, please call the office at 303-674-9253 or email Jerri Avery, RN, the EDSE Nurse, at jerri.edse@gmail.com.

Please initial each item and sign below. The State of Colorado requires that all forms be completed *before* your child may attend class/child care.

Signature

Date

The Episcopal Day School of Evergreen

POLICY AND PROCEDURE MANUAL

All parents or guardians of children who are enrolled in The Episcopal Day School of Evergreen must read the school's Policy and Procedure Manual.

The Policy and Procedure Manual can be found on the school's website, www.edse.org. Go to the "Forms/Policies" tab where you can open "Policies & Procedures". A paper copy may also be obtained at the school office.

I understand that updates to the Policies and Procedures may occur at any time and that I will be notified by the email I have provided of any changes.

I have read and understand and agree to abide by the Policy and Procedure Manual set forth by The Episcopal Day School of Evergreen.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

The Episcopal Day School of Evergreen

EMERGENCY HEALTHCARE AUTHORIZATION

Child's Full Name: _____ Birth Date: _____

Mother's Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Number: _____

Any Other Numbers: _____

Father's Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Number: _____

Any Other Numbers: _____

Child's Physician: _____ Phone Number: _____

Address: _____

City, State, and Zip: _____

Hospital of Choice: _____ Phone Number: _____

Insurance Name: _____ Ins. Policy Number: _____

Name of Person Financially Responsible: _____

EMERGENCY CARE AUTHORIZATION

In order to protect my child, _____, in case of medical emergency,
(Name of Child)

accident, or sudden illness, I, _____, authorize a representative of
(Parent/Guardian)

the Episcopal Day School of Evergreen program to refer my child to his/her own physician,

(Signature of Parent)

In the event the above mentioned physician cannot be reached, or if time is too critical to attempt to reach me, I request, agree and give approval that my child be transported to the nearest medical facility/hospital of choice. I further authorize the hospital and any attending physicians to perform any and all diagnostic procedures and/or treatments required. In addition, I authorize a representative of the Episcopal Day School of Evergreen to secure any medical transportation necessary. I will assume financial responsibility for the emergency treatment and any medical expenses incurred thereafter.

Parent/Guardian Signature: _____ Date: _____

Parent Clearly Written Name: _____

GENERAL HEALTH APPRAISAL FORM

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: ☐ None OR ☐ List food/medication: _____

Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-Describe: _____

Skin Care: ☐ Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: _____ Fax: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age: _____ Weight: _____

Physical Exam: ☐ Normal ☐ Abnormal-describe: _____

Allergies: ☐ None OR ☐ List food/medication: _____ Type of Reaction _____

Current Medications: ☐ None OR ☐ List: _____

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-describe: _____

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns: ☐ Severe Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations ☐ Behavior Concerns

☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Oral Health ☐ Under/Overweight ☐ Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: ☐ See attached immunization record or official exemption form ☐ Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____

Lead Level: ☐ Not at risk OR ☐ Lead level: _____ TB: ☐ Not at risk OR Test Result: ☐ Normal ☐ Abnormal

Screens Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal

☐ Oral Health: ☐ Normal ☐ Abnormal Developmental Screen: ☐ ASQ ☐ PEDS ☐ Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: ☐ Per AAP Guidelines* or ☐ Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

Signature of Healthcare Provider (certifying form reviewed)

Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email

The form was created by the American Academy of Pediatrics, Colorado Chapter and Healthy Child Care Colorado to satisfy childcare and Head Start requirements in Colorado. While accepted by most schools, childcare programs and camps, this is not an official government form. Updated 01/2021.



Advancing Colorado's health and protecting the places we live, learn, work, and play

Dear families of students attending Colorado child cares and preschools for the 2025-26 school year:

This letter includes important information about Colorado's school and child care vaccine requirements. There's nothing more important than making sure your child or children stay healthy and learning all year long. Getting vaccinated gives children the best chance of staying healthy and in school.

Colorado law requires children who attend a licensed child care or preschool to be vaccinated against many of the diseases vaccines can protect against, unless a Certificate of Exemption is filed. For more information, visit <https://cdphe.colorado.gov/immunization-policy-and-board-health-rules>. Before a child's first day of school, families are responsible for providing an up-to-date immunization record, an in-process plan, or a Certificate of Exemption to each school the child attends. An in-process plan is written by your child's immunizing provider and shows that your child is following the ACIP schedule to catch up on missing dose(s) of one or more school-required vaccines.

Getting vaccinated and following the recommended schedule is important. Think of vaccines as a special training program for the body, teaching it how to fight off harmful germs. The protection from vaccines can last a very long time, which helps to keep your child, your family, and your community safe and healthy.

Vaccines required for child care and preschool

To attend preschool and child care, your child must be vaccinated against:

- Hepatitis B (HepB)
- Diphtheria, tetanus, and pertussis (DTaP)*
- *Haemophilus influenzae* type b (Hib)
- Measles, mumps, and rubella (MMR)*
- Pneumococcal disease (PCV)
- Polio (IPV)*
- Varicella (chickenpox)*

Get kindergarten ready: *Colorado law requires children between the ages of 4 and 6 years to receive their final doses of DTaP, IPV, MMR, and varicella vaccines **before** kindergarten entry.

Number of doses and spacing of vaccines:

Colorado follows recommendations set by the Centers for Disease Control and Prevention's [Advisory Committee on Immunization Practices](#). This committee is a group of medical and public health experts who study vaccines and recommend them for the public. View the recommended vaccine schedule for children birth through 6 years of age at <https://www.cdc.gov/vaccines/imz-schedules/child-easyread.htm>.

Vaccines that are not required for child care and preschool but are recommended include:

COVID-19, hepatitis A (HepA), influenza (flu), respiratory syncytial virus (RSV), and rotavirus (RV). The timing and spacing of these vaccines also follow the recommended [vaccine schedule for children birth through 6 years of age](#).

Vaccination records

Share your child's updated Certificate of Immunization with their school every time they receive a vaccine. Need to find your child's vaccine record? Visit COVaxRecords.org for more information.

Exclusion from child care and school

If there is an outbreak of a vaccine-preventable disease at your child's school, and your child has not received the vaccine for that disease, they may be required to stay home for many days. That could mean lost learning time for them and lost work and wages for you. For example, if your child has not received an MMR vaccine, they may need to stay home from school for 21 days after someone gets sick with measles.

Exemptions from one or more school-required vaccines

If your child cannot get vaccines for [medical reasons](#), you must submit a Certificate of Medical Exemption to your school. If you choose not to have your child vaccinated for nonmedical reasons, you must submit a Certificate of Nonmedical Exemption to your school. Nonmedical exemptions must be submitted at 2, 4, 6, 12, and 18 months of age. These exemptions expire when the next vaccines are due or when the child enrolls in kindergarten. Find more information about exemptions at <https://cdphe.colorado.gov/exemptions-to-school-required-vaccines>,

Have questions?

Talk with a health care provider or your local public health agency to ask questions and find out which vaccines your child needs. Find a vaccine provider at cdphe.colorado.gov/get-vaccinated. Read about the benefits and importance of vaccines at cdc.gov/vaccines-children/about/index.html, childvaccineco.org, [ImmunizeForGood.com](https://immunizeforgood.com), and cdphe.colorado.gov/immunization-education.

Staying up to date on routine immunizations is important for adults as well as children. It's never too late for adults to get back on track! Learn more at <https://www.cdc.gov/vaccines-adults/recommended-vaccines/>.

Finding and paying for vaccinations

If you need help finding free or low-cost vaccines, go to COVax4Kids.org or <https://cdphe.colorado.gov/immunizations/get-vaccinated>, or dial [2-1-1](#) for information on Health First Colorado (Medicaid) and vaccine clinics in your area.

How is your child care or school doing on vaccinations?

Annually, schools and child cares must report immunization and exemption numbers (but not student names or birth dates) to CDPHE. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard of 95% for all school-required vaccines, described in [§25-4-911, CRS](#).

Your child care or preschool's immunization rates from the 2023-24 school year. (Find 2023-24 school year and prior years' data at COVaxRates.org).

Child care or preschool name	2023-24 MMR immunization rate (required)	2023-24 MMR exemption rate (required)

Schools may choose to include rates for other school-required vaccines below.

2023-24 HepB immunization rate	2023-24 HepB exemption rate	2023-24 PCV immunization rate	2023-24 PCV exemption rate
2023-24 DTaP immunization rate	2023-24 DTaP exemption rate	2023-24 IPV immunization rate	2023-24 IPV exemption rate
2023-24 Hib immunization rate	2023-24 Hib exemption rate	2023-24 varicella immunization rate	2023-24 varicella exemption rate



Immunization Branch

Child care immunization table

Vaccines required for preschool and kindergarten entry, 2024-2025

Background:

1. This table may be used as a **guide** to evaluate the number of valid doses a child must receive by month of age in order to comply with [state immunization requirements](#).
2. Immunization requirements must be enforced. Students who do not meet the requirements must be denied attendance according to Colorado Revised Statutes §25-4-902.

There are three ways to be in compliance with Colorado school immunization law:

- i. **Fully immunized:** A student has received all school-required vaccines and is up to date according to their age, following the timing and spacing requirements of the [immunization schedule](#) set by the [Advisory Committee on Immunization Practices](#) (ACIP). A completed Certificate of Immunization is included in the student's electronic or hard copy file. "Fully immunized" also applies to students who have submitted titers as an acceptable alternative to certain vaccine components. Use CDPHE's [titer interpretation guidance resource](#) to determine which titers are an acceptable alternative to school-required vaccination.
 - ii. **In-process:** A student is attending school and is in the process of getting up to date on required vaccines. Within 14 days of receiving direct notification from the school or child care, the student must receive the required vaccines and, if applicable, the parent/guardian must submit a signed written plan for obtaining the remaining school-required vaccines, following the ACIP schedule for [minimum intervals and ages](#).
 - iii. **Exempted:** A student has a complete [Certificate of Medical or Nonmedical Exemption on file](#). A Certificate of Nonmedical Exemption is to be submitted by a parent/guardian upon school entry and when immunizations are due following the ACIP immunization schedule at 2 months, 4 months, 6 months, 12 months, and 18 months of age and at kindergarten entry. A Certificate of Medical Exemption needs to be submitted only once unless there is a change in the student's school or personal information.
3. Vaccines **required** for child are include hepatitis B (HepB), diphtheria, tetanus, pertussis (DTaP), *haemophilus influenzae* B (Hib), polio (IPV), pneumococcal conjugate (PCV), measles, mumps, rubella (MMR), varicella (chickenpox).
 4. Vaccines that are **not** required for school but are [recommended by ACIP](#) include COVID-19, hepatitis A (HepA), influenza (flu), respiratory syncytial virus (RSV) monoclonal antibody, and rotavirus (RV). Other vaccines may be recommended for students with certain high-risk health conditions.
 5. Schools and child cares are encouraged to enroll in the [Colorado Immunization Information System \(CIIS\)](#), which allows users to look up, review, and record immunization records. Email cdphe_ciis_schools@state.co.us for more information.

How to use the child care immunization table:

1. Review the child's immunization record alongside this table to determine if they have the required number of valid doses.
 - i. The Colorado Board of Health follows the [immunization schedule](#) developed by the [Advisory Committee on Immunization Practices](#) (ACIP) with the following exceptions:
 - a. Students between the ages of 4 and 6 years are required to receive their final doses of diphtheria, tetanus, and pertussis (DTaP), inactivated polio vaccine (IPV), measles, mumps, and rubella (MMR), and varicella (chickenpox) vaccines prior to kindergarten entry.
2. Use the student's age to select the appropriate row. Do **not** advance to the next row until the student has reached that age.
 - i. For example, continue using the 3-month row for a student who is 4 months and 3 weeks of age.
3. For students whose vaccinations have been delayed, see catch-up guidance notes and catch-up guidance job aids to determine the number of doses needed to meet the dose number requirement.
 - i. In some instances, fewer doses of DTaP, Hib, PCV, and IPV will fulfill the required number of doses.

By _____ months of age, the child is required to have received _____ valid doses of vaccine.
(fill in) (fill in)

Age	Number of required valid doses:						
	Note: Vaccines must be given no earlier than the minimum intervals and ages in order to be valid. A four-day grace period applies in most situations, though should not be applied to the 28-day interval between two live virus vaccines (i.e., MMR or varicella).						
	Hepatitis (HepB)*	Diphtheria, tetanus, pertussis (DTaP)†	Haemophilus influenzae B (Hib)‡	Polio (IPV)§	Pneumococcal conjugate (PCV)¶	Measles, mumps, rubella (MMR)#	Varicella (Chickenpox)**
1 month	1	--	--	--	--	--	--
3 months	2	1	1 (any Hib product)	1	1	--	--
5 months	2	2	2 (any Hib product)	2	2	--	--
7 months	2	3	3 (any Hib product) or 2 (PedvaxHib)	2	3	--	--
16 months	2	3	4 (any Hib product) or 3 (PedvaxHIB)	2	4	1	1
19 months	3	4	4 (any Hib product) or 3 (PedvaxHIB)	3	4	1	1
By K entry††	3	5	--	4	--	2	2

Per CDC: **Catch-up** refers to “those who **start late** or who are **more than 1 month behind.**” Once a child catches up to the number of doses required for their age, return to using **routine [recommendations](#)** for timing future vaccinations.

***HepB** is a three-dose series scheduled at 0, 1-2, and 6-18 months of age. The minimum age for the final dose is 24 weeks. If Dose 3 is given before 24 weeks, a fourth dose is required. Four doses of hepatitis B vaccine are permitted when a combination vaccine is used. **Catch-up:** Older students require a minimum of three appropriately spaced doses (minimum intervals are 0 (Dose 1), four weeks (Dose 2), eight weeks **and** at least 16 weeks after the first dose).

†**DTaP** is a five-dose series scheduled at 2, 4, 6, 15-18 months, and 4-6 years of age. By kindergarten entry, five doses of DTaP are required or four doses if the fourth dose was administered on or after the 4th birthday and was given at least six months after Dose 3. **Catch-up:** For children 4 months through 6 years, use [CDC’s DTaP catch-up guidance job aid](#).

‡**Hib** is a three- or four-dose series depending on product type. Four doses for most Hib products (or when mixing PedvaxHIB with other Hib products), scheduled at 2, 4, 6, and 12-15 months of age or three doses with PedvaxHIB (scheduled at 2, 4, 12-15 months). **Catch-up:** A single dose of Hib vaccine administered at 15 months through 4 years meets the Hib requirement. Previously unvaccinated children who are 60 months or older do not require Hib vaccination. For children 4 months through 4 years, use [CDC’s Hib catch-up guidance job aid](#) or [CDC’s catch-up guidance job aid for PedVaxHib only](#).

§**IPV** is a four-dose series scheduled at 2, 4, 6-18 months, and 4-6 years of age. By kindergarten entry, four doses of IPV are required or three doses if the third dose was administered on or after the 4th birthday and was given at least six months after Dose 2. The final dose must be given no earlier than 4 years. **Catch-up:** For children 4 months through 17 years, use [CDC’s IPV catch-up guidance job aid](#).

¶**PCV** is a four-dose series scheduled at 2, 4, 6, and 12-15 months of age. **Catch-up:** A single dose of PCV vaccine administered at 24 months through 4 years meets the PCV requirement. Previously unvaccinated children who are 60 months or older do not require PCV vaccination. For children 4 months through 4 years, use [CDC’s PCV catch-up job aid](#).

#**MMR** is a two-dose series scheduled at 12-15 months and 4-6 years of age. Dose 1 is not valid if administered more than four days before the 1st birthday. Two valid doses are required for students entering kindergarten. **Catch-up:** Unvaccinated children: two-doses at least four weeks apart.

****Varicella** is a two-dose series scheduled at 12-15 months and 4-6 years of age. Dose 1 is not valid if administered more than four days before the 1st birthday. Two valid doses are required for students entering kindergarten. **Catch-up:** Unvaccinated children: two doses at least three months apart. Note: If a child has previous varicella disease documented by a health care provider or a [positive antibody titer](#), the child has met the varicella requirement.

††**Kindergarten entry:** Hib and PCV are **not** required for students K through grade 12.

COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization



COLORADO

Department of Public
Health & Environment

This form is to be completed by a health care provider (physician [MD, DO], advanced practice nurse [APN] or delegated physician's assistant [PA]) or school health authority. School-required immunizations follow the Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name: _____

Date of birth: _____

Parent/guardian:(if student is under 18 years of age and not emancipated) _____

Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date*
MM/DD/YY

HepB Hepatitis B										
DTaP Diphtheria, Tetanus, Pertussis (pediatric)†										
Tdap Tetanus, Diphtheria, Pertussis†										
Td Tetanus, Diphtheria										
Hib Haemophilus influenzae type b										
IPV/OPV Polio										
PCV Pneumococcal Conjugate										
MMR Measles, Mumps, Rubella ‡										
Measles										
Mumps										
Rubella										
Varicella Chickenpox										
Varicella - date of disease										
Varicella - positive screen date										

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.

† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.

‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus										
RV Rotavirus										
MCV4 Meningococcal										
MenB Meningococcal										
HepA Hepatitis A										
Flu Influenza										
COVID-19										
Other										

Health care provider printed name/signature: _____ / _____

Date: _____

Student is current on required immunizations for age (circle one): OR Yes No

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____

Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

The Episcopal Day School of Evergreen

HEALTH, DEVELOPMENT & CONTACT UPDATE FORM

CHILD'S NAME: _____ Birthdate: _____

HEALTH

Please check any of the following and provide us with update(s) to your child's health history over the last year:

Hospitalizations ☐ Yes ☐ No

Surgeries ☐ Yes ☐ No

Specific illness diagnosed by a Health Care Provider ☐ Yes ☐ No

Development of a health condition such as asthma or severe food allergy ☐ Yes ☐ No

Dental issue ☐ Yes ☐ No

Vision problem ☐ Yes ☐ No

DEVELOPMENTAL

If you or your Health Care Provider have any concerns about your child's developmental progress on any of the following, please check and then explain below:

Speech/Language ☐ Yes ☐ No

Coordination or Motor Skills ☐ Yes ☐ No

Social or Emotional ☐ Yes ☐ No

Thinking or Processing Information ☐ Yes ☐ No

Memory ☐ Yes ☐ No

Other ☐ Yes ☐ No

CONTACT INFORMATION

Please list any contact information changes such as phone numbers and email.

Parent/Guardian Signature: _____ Date: _____

The Episcopal Day School of Evergreen

PICK UP AUTHORIZATION FORM

Child's Name: _____

Class: _____ (filled in by office)

Home Phone: _____

Parent/Guardian's Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian's Name: _____

Cell Phone: _____ Work Phone: _____

The following people have my/our permission to pick up my/our child from EDSE in the event that I/we cannot be reached. (Request another form for more names & numbers)

1. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

2. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

3. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____

THE EPISCOPAL DAY SCHOOL OF EVERGREEN

2025 - 2026 SCHOOL YEAR and 2025 SUMMER PROGRAM (If attending)

PERMISSION TO PARTICIPATE

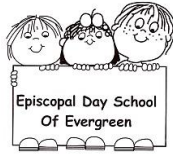
My child _____ has permission to participate in the age appropriate activities that are planned for the Episcopal Day School of Evergreen's 2025-2026 school year and 2026 Summer Program.

Activities will take place on the campus of the Episcopal Church of the Transfiguration and not only meet, but exceed all state licensing requirements. As always, all children will be closely supervised by our teaching staff.

Water Play
Hiking
Baby Buggy Rides
Slip and Slide
Walks

Parents Signature _____

Date _____



The Episcopal Day School of Evergreen

Facebook Participation Authorization

The Episcopal Day School of Evergreen has a Facebook page that we would like to use to promote our school and to let you share your child's school experiences with friends and family.

We would like permission to post photos of the students on the Facebook page, with NO TAGGING.

There will be no names attached to the photos to ensure all the children's security.

_____ Yes, I give permission for EDSE to post pictures of my child,
_____, to its Facebook page with no tag.

_____ No, I do not give permission for EDSE to post pictures of my child,
_____, to its Facebook page with no tag.

Signature of parent/guardian

Print Name

Date



The Episcopal Day School of Evergreen

Directory Authorization Form

The Episcopal Day School of Evergreen will be compiling a School Directory that we would like to distribute to all staff and enrolled families. This will help you get to know other families, communicate with each other regarding school events, carpooling, birthday parties, playdates, etc.

We would like permission to print your child's name, parent phone numbers and parent email addresses.

_____ Yes, I give permission for EDSE to list my child and to print the contact information for the people provided below:

PLEASE PRINT CLEARLY

Child's Name: _____

Parent 1: Name That You Go By: _____

Phone & Email: _____

Parent 2: Name That You Go By: _____

Phone & Email: _____

_____ No, I do not give permission for my child _____, to be listed or for my contact information to be listed in the school directory.

Signature of parent/guardian

Print Name

Date: _____

The Episcopal Day School of Evergreen

SUPPLY LIST

2025-2026

5 Containers of Baby Wipes

12 Rolls of Paper Towels (select-a-size preferably)

2 Boxes of Kleenex

1 50 oz. Hand Soap Refill – CANNOT BE ANTIBACTERIAL

1 box non-latex Nitrile medical-type gloves, medium, 100 count

2 Bottles of Liquid White School Glue

1 Box of Washable Markers*

***If your child is in Pre-K, please buy fine point washable markers.**

If your child's last name begins with letters A – L,

- 1 Box of Trash Bags (13 gallon) 80-100 count**

If your child's last name begins with letters M – Z,

- 1 Tube or Jar of Aquaphor Baby Healing Ointment**

Please write your name on the container (bag/box) you bring the supplies in.

If you are bringing diapers along with these supplies, please give the diapers to your child's teacher and do not leave them with these supplies.

Supplies are due at either Open House on Thursday, August 21st from 10:00AM to 11:00 AM or on your child's first day of attendance.

Please refer to our Policies and Procedures for items that will need to be brought each day (lunch, drinking cup, etc...).